

Breitung Township Schools Student Profile

Kingsford Middle School

Please read the information below and write any corrections to the right of each answer in the "CORRECTIONS" column.

| General Information | Personal Information |
|--|----------------------|
| Grade to be enrolled (Check ONE): | 6 7 8 |
| Enroll child in Band or Chorus: NOTE: Chorus is not available for grade 6 | Band Chorus |
| Student's Legal Name/Preferred Name: | |
| Birthplace (City Only): | |
| Birthdate: (day/month/year) | |
| Social Security Number: | |
| Ethnicity (Circle one): | |
| Physical Address: | |
| Home Phone: | |
| Parent/Guardian Email Address: | |

| Parent/Guardian General Information | Personal Information |
|-------------------------------------|----------------------|
| Mother: | |
| Employer: | |
| Work Phone/Cell Phone | |
| Father: | |
| Employer: | |
| Work Phone/Cell Phone | |
| Step Parent's Name: | |
| Employer: | |
| Work Phone/Cell Phone | |
| Lives with/Who has custody? | |

In an **EMERGENCY** situation when we cannot reach you at home or at work, please list two people who have agreed to take responsibility for your child and consented to the release of their address and phone numbers so we may reach them as an alternative.

| Emergency Contact Person(s) | Information |
|-----------------------------------|-------------|
| Name and phone of first contact: | |
| Relationship to student: | |
| Name and phone of second contact: | |
| Relationship to student: | |

| Medical Information | Information |
|------------------------|-------------|
| Doctor's Name: | |
| Doctor's Phone: | |
| Doctor's Location: | |
| Dentist's Name: | |
| Dentist's Phone: | |
| Dentist's Location: | |

If deemed necessary, will be sent to your family doctor or emergency room at parent/guardian's expense.

As a parent/guardian, I authorize medical personnel to render necessary medical treatment to my child.

I give consent to release this information to Breitung Township School District personnel to promote the health and safety of my child, thus enhancing his ability to learn.

Signature required: _____ Dated: _____

The above signature acknowledged that I have read and consent to the above.

| Parent/Guardian Permission | Information (Check ONE and initial) |
|---|-------------------------------------|
| Reviewed and agree to contents of Student Handbook | YES NO Initial: _____ |
| Permission to use student's photographs on web page. | YES NO Initial: _____ |
| Permission to use student's photographs on district TV channel. | YES NO Initial: _____ |
| Student may use Internet at school | YES NO Initial: _____ |
| Permission to participate in class session or presentations that deal with growth, development and sexually transmitted diseases including AIDS. Grades 5-12 only. | YES NO Initial: _____ |

| Health History | Information |
|---|-------------|
| List allergies. Give dates hospitalized with allergies: | |
| List diseases, operations, injuries and year: | |
| List Medication administered at home: | |
| List Medication administered at school: | |

| Parent/Guardian Permission <i>Authorized BTS personnel may administer to my child:</i> | Information (Circle ONE and initial) | | |
|--|--------------------------------------|----|----------------|
| Non-aspirin (Tylenol) | YES | NO | Initial: _____ |
| Has your child had Chicken Pox? | YES | NO | Initial: _____ |
| Was your child vaccinated Chicken Pox? | YES | NO | Initial: _____ |
| Field Trip Permission I grant permission for my child to attend in-district functions | YES | NO | Initial: _____ |
| For grades 9-12 only | | | |
| <i>No Child Left Behind of 2001</i> states that schools must comply with a request by a military recruiter or an institute of higher education for secondary students' names, addresses and phone numbers, unless the parent denies this request in writing. Noncompliance from the school will result in loss of federal funds. | | | |
| I grant permission to release information to a military recruiter or an institute of higher education. | YES | NO | Initial: _____ |

| Second School Mailings | Information |
|--|-------------|
| If duplicate mailings are needed, please indicate name and address of recipient. | |

FIRST TIME SCHOOL ENROLLMENT

Fill out this section only if you are enrolling your child into the school district for the first time.

Enrolling Grade: 6 7 8

School Last Attended: _____

Street: _____ City: _____ State: ____ Zip: _____

Telephone Number: _____ Fax: _____

| Residence History | Information |
|--|-------------|
| Has student moved (alone, with or to join a parent, spouse or guardian) within the last 36 months? | YES NO |
| Was the move from one school district to another? | YES NO |
| Was the purpose of the move to seek or obtain work that is (1) temporary or seasonal AND (2) agricultural? | YES NO |
| Was the work an important part of providing a living for the worker and his/her family? | YES NO |

| Home Language Survey | Information |
|---|-------------|
| First language spoken by your child: | |
| Language(s) spoken in the home: | |
| Language(s) that is/are spoken or understood by your child: | |

This signature is to verify that the address on this card is the address at which this student resides, as mandated by the State of Michigan.

(Signature Required Here)